



COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

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APRIL 3, 1979

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The Honorable Patrick J. Leahy
Chairman, Subcommittee on the
District of Columbia
Committee on Appropriations
United States Senate

SEN 00304

DLG-01397

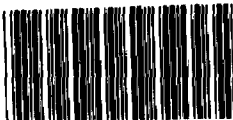
Dear Mr. Chairman:

On June 6, 1978, you requested that we review the District of Columbia Government's use of the additional \$2,738,600 ^{1/} and 188 positions provided by the Congress in fiscal year 1977 to Forest Haven, a residential facility for the care and treatment of the mentally retarded. Specifically, you wanted to know the extent to which these additional resources helped Forest Haven to comply with Federal standards under the Medicaid program and the extent to which it now complies with them. To the extent that Forest Haven still does not comply with Federal standards, you also wanted to know what the deficiencies are, why they continue to exist, and what additionally needs to be done to correct them. (As agreed with your office, we also reviewed administrative and management matters including procurement, maintenance, and use of overtime.)

Our review disclosed that: *A/c*

--Medicaid-covered facilities continue to have program and safety deficiencies, including life safety deficiencies and problems dispensing medications, but improvements are being made.

1/The House of Representatives added \$1,000,000 and 99 positions to the District's budget request to correct Medicaid deficiencies. The Senate (1) retained the amount and positions added by the House, (2) added \$3,213,200 and 188 positions for the same purpose, and (3) reduced the base budget by \$474,600. In effect, the Senate increased the House-approved amount by \$2,738,600 and 188 positions.



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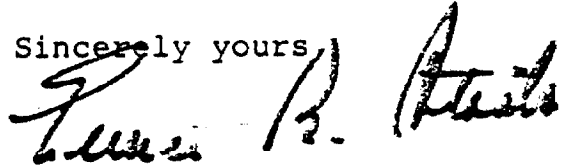
- The Department of Human Resources separated \$4.2 million of the \$13,733,000 appropriated in fiscal year 1977 into a separate budget for the correction of Medicaid deficiencies. The \$4.2 million included an authorization for 287 personnel positions, in addition to those previously authorized. The Department used about \$2.3 million for improvements to meet Medicaid requirements and transferred the remaining funds to its base budget primarily to cover the employees' October 1976 pay raise. Of the 287 additional positions, about 82 percent were filled as of August 1978.
- About one-half of the Forest Haven residents are assigned to the Residential Services Division and, although medically eligible for Medicaid, receive no Medicaid coverage because the buildings in which they live do not meet Federal standards. These residents do not receive the same services and benefits as those provided Medicaid-covered residents, including quality-of-care assessments, annual Medicaid surveys and Supplemental Security Income benefits. In addition, many of these residents have not received assessments to determine their treatment needs, and the treatment records we reviewed of residents in that division were not as well documented and as comprehensive as those in the Medicaid Services Division. One estimate of the cost to renovate the residential services buildings to comply with Medicaid standards is \$6 million. Although no study was made to determine staffing requirements to meet Medicaid standards for the Residential Services Division, an estimated 122 additional employees are needed to meet Joint Commission on Accreditation of Hospitals standards.
- Contractor personnel who were obtained to provide technical assistance in implementing interdisciplinary assessments and plans of care for residents were used in full-time supervisory positions at the facility. This apparently violated the requirements relating to use of contractor personnel.
- Environmental health and safety conditions needed to be greatly improved. According to the Department of Human Resources, these conditions have been corrected but no reinspections have been made to clear the record.

- Maintenance services at Forest Haven are inadequate to meet most routine and preventive maintenance needs.
- Overtime payments seem excessive. These payments totaled over \$900,000 during fiscal year 1977. Since much of the overtime was of a continuing nature, we believe hiring additional full- or part-time employees, to the extent possible, to meet these needs would be more cost effective.
- Processing of purchase orders was slow, and major purchases were made without complete planning to assure that items can be used as intended.

Enclosure I includes details on our findings. Pages 29 and 30 contain recommendations to the Mayor of the District of Columbia to correct deficiencies identified. As agreed, we obtained comments on this report from the District of Columbia Government. They are considered in the report where appropriate and included as enclosure II.

As arranged with your office, unless you publicly announce its contents earlier, we plan no further distribution of this report until 30 days from the date of the report. At that time we will send copies to interested parties and make copies available to others upon request.

Sincerely yours,



Comptroller General
of the United States

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USE OF ADDITIONAL RESOURCESPROVIDED TO FOREST HAVENBACKGROUND

Forest Haven is the District of Columbia's residential facility for the mentally retarded. Organizationally, it is a bureau within the Mental Health Administration, Department of Human Resources (DHR), and is located at the Children's Center, Laurel, Maryland, with three other District Government organizations--Cedar Knoll and Oak Hill (institutions for juvenile delinquents) and Woodland Job Corps Center.

The last admission to Forest Haven was in July 1976. Between 1925 and July 1976, 3,073 persons were admitted. As of August 31, 1978, 934 persons resided at Forest Haven; 722 had died; and 1,417 persons, including 98 assigned to the Community Services Division, had been released to the community or transferred to other institutions. Residents of Forest Haven range in age from 8 to 82, in degree of retardation from mild to profound, and in extent of mobility from fully mobile to bedridden.

The mentally retarded persons are assigned to the Community Services Division, Medicaid Services Division, or the Residential Services Division. The number of persons in each division as of August 31, 1978, was as follows:

Community Services Division	a/98
Medicaid Services Division	422
Residential Services Division	<u>512</u>
	<u>1,032</u>

a/Includes one person transferred to a facility in another State. Transfer documents were in process.

Persons assigned to the Medicaid and Residential Services Divisions actually live at Forest Haven. Those assigned to the Community Services Division live in the community but remain under Forest Haven care and supervision.

Forest Haven was managed by an acting superintendent from November 1976 until September 1978. During that period, one office and two divisions each had three different chiefs. The changing management structure may have inhibited progress at Forest Haven.

The District of Columbia Appropriation Act for fiscal year 1977 included \$13,733,000 for care and treatment of the mentally retarded at Forest Haven. ^{1/} DHR transferred an additional \$897,800 from the District's Social Rehabilitation Administration for the Forest Haven infirmary. In addition, we were advised by the DHR Budget Division chief that approximately \$526,900 was transferred from other available DHR funds primarily to cover the cost of employee pay raises. Appropriations acts for fiscal years 1978 and 1979 included \$15,134,700 and \$15,504,700, respectively, for Forest Haven.

The U.S. District Court for the District of Columbia issued an order on June 14, 1978, which will significantly influence the management and operation of Forest Haven. Essentially, the court directed DHR to obtain the services of a developmental disabilities professional to ensure that the residents receive individualized treatment, assessments, and assistance to develop to their fullest potential and live in the least restrictive environment practical. The developmental disabilities professional, who reported for duty during November 1978, will be required to develop and submit plans to the court, including a time schedule for placing residents in the community. Specifically, Forest Haven must place 200 residents in the community by September 30, 1980. The first phase, including 30 residents, had to be completed by September 30, 1978. A total of 32 residents were actually placed. Of the remaining required placements, 60 must occur during fiscal year 1979 and 110 during fiscal year 1980.

The Council of the District of Columbia has passed a bill, the Mentally Retarded Citizens Constitutional Rights and Dignity Act of 1978, which seeks to protect the civil and legal rights of mentally retarded persons, encourage their development, promote their economic security, and maximize their assimilation into the community. The bill states that care and services for mentally retarded persons shall emphasize community-based services and residential facilities that are least restrictive. The bill was signed by the Mayor on November 8, 1978.

^{1/}The Federal share of the Medicaid reimbursement, which amounted to a reported \$3,759,312 in fiscal year 1977, is not credited to the Forest Haven appropriation, but according to a DHR budget official, is merged with other Medicaid reimbursements and used to pay external health care costs for various District facilities.

STATUS OF PROGRESS IN
MEETING MEDICAID STANDARDS

Forest Haven has had problems in meeting Medicaid standards for staffing, client records, and buildings and facilities. Inspection reports showed that:

- Staffing was insufficient but did not indicate the number of additional staff needed. DHR said it needed 292 additional staff.
- Many client records were incomplete and not current but did not indicate the number of client records involved.
- Certain buildings and facilities failed to meet life safety and other standards. (See p. 12.)

Forest Haven is making progress in meeting Medicaid standards. We found that:

- As of September 1978, DHR had filled 234 of the 287 positions authorized by the Congress to correct Medicaid deficiencies. However, some critical positions had not been filled.
- Medicaid beneficiaries' records we reviewed were generally well documented. (See p. 17.)
- Building and facility modifications are underway or planned.

To be eligible for participation in the Medicaid program, Forest Haven must meet the standards contained in the Department of Health, Education, and Welfare's regulations for intermediate care facilities for the mentally retarded. The regulations specify a complete range of services and facilities which must be available.

Use of additional funds
provided in fiscal year 1977

In its fiscal year 1977 budget request to the Congress, the District of Columbia requested \$9,920,200 to operate Forest Haven. In its supporting data, the District noted that Forest Haven needed \$4,249,300 and 292 personnel positions to correct Medicaid deficiencies but did not specifically request funds for this purpose. The House of Representatives

approved funds totaling \$10,994,400, including \$1 million and 99 staffing positions to correct Medicaid deficiencies.

The Senate, in turn, approved funds totaling \$13,733,000 for Forest Haven. The funds included

- the \$1 million and 99 staffing positions added by the House,

- \$9,519,800 of the \$9,994,400 base budget approved by the House, and

- an additional \$3,213,200 and 188 positions to correct Medicaid deficiencies.

In effect, the Senate increased the House-approved amount by \$2,738,600 and 188 positions. The appropriations act included the amounts approved by the Senate.

The District, in turn, divided the \$13,733,000 into three budgets: \$8,111,500 base budget for operating Forest Haven; \$1,408,300 for continued funding of 8-year plan positions (see footnote on p. 7); and \$4,213,200 for correcting Medicaid deficiencies.

DHR information shows that about \$2,353,700 of the Medicaid deficiency budget was obligated. In June 1977, DHR advised the Mayor's office that the Department would not spend all the funds provided for personnel compensation in fiscal year 1977 to correct Medicaid deficiencies and reapportioned the funds for improvements in care of non-Medicaid residents.

The following schedule summarizes how DHR obligated the funds charged to the Medicaid deficiency budget as of September 30, 1977. Since the end of fiscal year 1977, other funds have been "de-obligated" because of canceled orders, reduced quantities, and other reasons. Obligations against the Medicaid deficiency funds dropped from \$2,353,703 as of September 30, 1977, to \$2,300,560 as of August 4, 1978. Obligations by object class as of September 30, 1977, were as follows:

Personnel compensation	\$1,148,959
Personnel benefits	108,254
Travel and transportation of persons	975
Contractual services	330,313
Transportation of things	470
Printing and reproduction	800
Supplies and materials	217,684
Equipment	<u>546,248</u>
Total	<u>\$2,353,703</u>

Our review of available information showed that, in addition to the \$1,257,213 obligated for personnel compensation and benefits, included in the above categories was \$64,260 obligated for personnel-related purposes, such as consultant services, travel and transportation, and tuition and registration for meetings and conferences. Thus, a total of \$1,321,473 was directly related to personnel.

Other amounts charged to the Medicaid deficiency budget may be directly personnel related but identifying them would require examining all purchase orders charged to these funds. Although we did not review all purchase orders, we did examine a group of 16 consecutively filed purchase orders totaling \$7,520.18. A description of the items ordered follows.

Towel cabinets	\$ 95.20
Clothing	3,450.48
Book on behavior modification	6.32
Floor wax	229.25
Records and books	89.67
Shower chairs, safety rails, and spray hose	183.17
Playground tables	732.00
Basketball backboards	254.80
Mop heads	226.80
Eating aids	260.31
Floor finish	229.25
Armslings and chair insert seats	804.50
Book on legal rights of the mentally retarded	12.22
Wheelchair, dishes, and eating aids	356.61
Wax stripper	353.60
Floor sealer	236.00

We are not questioning whether the examples cited are appropriate for use at Forest Haven or whether they contribute to correcting Medicaid deficiencies. However, it appears that several items, such as mop heads, floor wax, stripper, and sealer, would be charged more appropriately to the regular budget rather than against funds provided to correct Medicaid deficiencies.

The use of the funds, as described above, is consistent with the language of the District of Columbia Appropriation Act, 1977, which states "* * * \$13,733,000 of the appropriation shall be available for care and treatment of the mentally retarded at Forest Haven." The act did not specify how, or for what purposes, the appropriation should be spent. Nor did it segregate funds provided to correct Medicaid deficiencies. However, Senate Report 94-1167, dated August 26, 1976, clearly explained the congressional intent. The report stated that the "* * * \$2,738,600 provided over the House allowance for Forest Haven will provide full year funding for 188 new positions." The report also stated that the "* * * funding supplement is the total requirement to meet all Federal standards with regard to Forest Haven."

The DHR Controller said the Department believed the funds could be used for any purpose which served to improve conditions at Forest Haven as long as such use did not preclude filling authorized personnel positions, and since DHR did not hire additional staff, the funds were used for other purposes.

Progress in filling authorized personnel positions

Forest Haven and DHR personnel said several factors inhibit recruitment. The more prominent negative factors include the location of Forest Haven, unfavorable publicity about the institution, cumbersome Civil Service Commission regulations, and the undesirability of working at a residential facility for the mentally retarded.

To improve its staffing efforts, DHR established a recruitment office at Forest Haven in November 1976 and negotiated a contract effective September 1977 with the John F. Kennedy Institute for Handicapped Children (affiliated with the Johns Hopkins University School of Medicine) to obtain specialized personnel services. The recruitment office has five employees--four of whom are from the DHR personnel office and one from Forest Haven.

As of September 1978, Forest Haven was authorized 921 personnel positions separated into three budget classifications: base positions, 8-year plan 1/ positions, and fiscal year 1977 authorized positions. Not all positions are filled, and nine are filled by employees who were on disability compensation and not able to work. Two employees have been on disability compensation for more than 1 year and three for more than 3 years. The following schedule shows the extent to which the authorized positions were filled in September 1977 and August 1978.

	September 1977			August 1978		
	Author- ized	Filled	Percent filled	Author- ized	Filled	Percent filled
Base posi- tions	562	507	90	562	499	89
8-year plan positions	72	53	74	72	56	78
Fiscal year 1977 au- thorized positions	<u>a/287</u>	<u>223</u>	<u>78</u>	<u>a/287</u>	<u>234</u>	<u>82</u>
	<u>921</u>	<u>783</u>	<u>85</u>	<u>921</u>	<u>789</u>	<u>86</u>

a/Includes 99 positions added to the fiscal year 1977 budget by the House of Representatives and an additional 188 positions added by the Senate. Separate records are not maintained for the 99 or 188 positions.

The schedule shows a slight improvement in filling the 8-year plan positions and an increase of 11 filled positions for the fiscal year 1977 authorized positions. The filled base positions decreased by eight. Effective October 1, 1978, DHR abolished 25 base positions because they were vacant and unfunded. DHR advised us in February 1979 that, as of December 1978, Forest Haven was authorized a total of 896 positions, of which 796 were filled and 100 were vacant.

1/These positions represent the first part of an improvement program initiated in fiscal year 1975 but not expanded beyond the first year.

The following schedule of selected status reports shows the fluctuations in obtaining and maintaining personnel for the fiscal year 1977 authorized positions.

	<u>1977</u>			<u>1978</u>		
	<u>April</u>	<u>July</u>	<u>October</u>	<u>January</u>	<u>June</u>	<u>October</u>
Filled	170	203	231	250	246	255
Vacant	117	84	56	37	41	32

We reviewed Forest Haven's July 1978 payroll list to determine the organizational assignments of staff hired to fill the fiscal year 1977 congressionally authorized positions. We did not verify that people are actually working for the organization to which they are assigned. The original list of positions needed to correct Medicaid deficiencies did not specify the planned organizational assignment of the personnel.

The positions were actually assigned as follows:

	<u>Positions allocated</u>		
	<u>Filled</u>	<u>Vacant</u>	<u>Total</u>
Office of the Superintendent	0	1	1
Office of Program Development	5	6	11
Office of Administrative Services	98	5	103
Medicaid Services Division	116	24	140
Residential Services Division	15	2	17
Health Services Division	9	6	15
Community Services Division	<u>0</u>	<u>0</u>	<u>0</u>
Total	<u>243</u>	<u>44</u>	<u>287</u>

The large number of positions allocated to Administrative Services was distributed to Food Service (47), Housekeeping (37), Maintenance (18), and the Office of the Chief (1). Although positions allocated to other divisions and offices could benefit Medicaid residents, the positions allocated to the Residential Services Division would not appear to provide such benefits. However, the Residential Services Division positions could contribute to improved services for non-Medicaid residents by providing additional staff support to these residents.

The following summary compares the type of service--professional, direct care, support, or administrative--represented by positions included in an original and a revised plan prepared by DHR. We considered professional services to include physicians, registered nurses, psychologists, and teachers; direct care positions to include licensed practical nurses, counselors, and nursing assistants; support services positions to include food service workers, house-keeping aides, and vehicle operators; and administrative positions to include secretaries, clerk-typists, and medical records personnel.

	<u>Total</u>	<u>Profes- sional</u>	<u>Direct care</u>	<u>Support</u>	<u>Adminis- trative</u>
Original plan (August 1976)	292	48	138	101	5
Revised plan (July 1978)	287	<u>60</u>	<u>105</u>	<u>100</u>	<u>22</u>
Change from original to revised plan		<u>+12</u>	<u>-33</u>	<u>-1</u>	<u>+17</u>

The comparison shows a shift of positions from direct care to professional and administrative.

Problems with Kennedy Institute Contract

The previously mentioned contract with the John F. Kennedy Institute for Handicapped Children was intended to obtain technical assistance for Forest Haven in implementing interdisciplinary assessments and plans of care for residents. The contracting officer justified a sole-source cost reimbursement contract on the basis that the Kennedy Institute was the only known source capable of training Forest Haven staff to provide professional and para-professional treatment of multiple-handicapped, disabled persons. We found that contractor personnel were used in full-time supervisory positions which apparently violated the requirements.

The original scope of services required Kennedy Institute physicians to train Forest Haven employees to treat residents, to perform resident assessments, and to conduct medical follow-ups. These contractor personnel were also required to provide neurological services. The original contract period was from September 1977 through June 1978 at a cost not to exceed

\$87,100. The contract has been amended six times which has increased the estimated cost to \$428,612 and extended the contract period, first through September 1978, and then, through December 31, 1978.

The first four amendments required the contractor to provide additional services, such as evaluations of deaf-blind residents, psychoeducational assessments, and added additional personnel, such as nutritionists, program development and audiovisual specialists, and speech pathologists. The fifth and sixth amendments extended the contract period.

As of July 1978, 10 contractor personnel were working at Forest Haven on a full-time basis, in the following positions:

- Acting chief, Community Services Division
- Acting chief, Residential Services Division
- Audiovisual aide
- Dietitian (2)
- Occupational therapist
- Training officer
- Nutritionist
- Behavior modification specialist
- Nursing program specialist

The Kennedy Institute contract enabled Forest Haven to obtain professional services for key positions. However, the Federal Personnel Manual prohibits using contractor personnel in full-time employment. Specifically, the manual states that

"The improper employment of experts and consultants is not only illegal, it is wasteful and destroys the morale of career specialists. Examples of improper employment of an expert or consultant are: To do a job that can be done as well by regular employees, do a full-time continuous job * * *"

In at least two instances--the acting chiefs of the Community and Residential Services Divisions--contractor personnel occupied line-management positions. We believe such assignments clearly violate Federal requirements regarding the use of consultants.

Experience gained by contractor personnel through operating as full-time employees appears to have helped contractor personnel obtain positions at Forest Haven. For example;

a nutritionist and two dietitians have recently obtained regular positions at Forest Haven. The most recent contract extension according to the language in the extension "* * *" will permit Forest Haven to continue the services provided by * * * Kennedy Employees until such services can be provided through appropriate D.C. personnel action. * * *" Although these people might otherwise have obtained positions at Forest Haven, we believe employment under the Kennedy Institute contract provided experience and exposure which could be deciding factors in a personnel selection process.

The District of Columbia Personnel Office was not involved in the original contract or the first two amendments. However, the Assistant Director of Personnel for Classification reviewed the third amendment and stated in a memorandum that

"* * * the contractual services are definitely functional responsibilities for which the Department is responsible and the nature of the contract is indicative of employee - employer relationships."

The memorandum further stated that the Personnel Office would normally not recommend approval of this type of contract. However, the Office would not oppose the contract since it has been in force "* * *" combined with the urgency of the situation as relates to the court mandate * * *"

We discussed with Forest Haven's acting superintendent the propriety of using contractor personnel to fill management positions. He acknowledged that such assignments are improper but explained that by using the contract employees he could quickly fill key management positions. After our discussion, the acting superintendent named Forest Haven employees as acting chiefs of the Community Services and Residential Services Divisions and appointed the contractor personnel formerly holding these positions as special assistants to the acting division chiefs.

In commenting on a draft of this report, DHR pointed out various benefits obtained by the use of this contract. (See p. 33.) We do not question that Forest Haven received considerable benefits from the contract. Our concern is with the legality of using contractor personnel in management positions.

DHR negotiated a second contract with the Kennedy Institute for fiscal year 1979 to provide physician services and staff training for Forest Haven. The contract runs from October 1, 1978, through September 30, 1979, at an estimated cost of \$95,665.

Facility improvements needed
to meet Medicaid standards

Medicaid regulations for intermediate care facilities contain specific requirements for residential buildings, including minimum amounts of floor space for each resident, a maximum of four residents in a dormitory room or two in individual rooms, and bathrooms which afford privacy and which are designed for use by the physically handicapped. Residents of the four Medicaid Services Division buildings--Curley, Eliot, Morss, and Spruce cottages--are covered by the Medicaid program.

DHR's Office of State Agency Affairs is responsible for inspecting the Forest Haven Medicaid facilities and preparing a statement of deficiencies relating to Medicaid standards. A June 1977 inspection identified the following safety deficiencies. All four buildings had nonconforming fire doors; Morss and Spruce needed smoke barriers; Spruce needed a sprinkler system and altered air ducts; and Morss needed emergency lights and a fire alarm.

Forest Haven's plan showed an estimated completion date of November 1978 to correct the physical plant deficiencies. However, we were advised in February 1979 that work involving the fire doors was then 80 percent completed and work involving the other deficiencies was to be started by a contractor in April 1979.

An Office of State Agency Affairs report covering inspections made in February and March 1978 identified Medicaid deficiencies, including more than four residents per room in Curley, Eliot, and Morss cottages without documenting each resident's record of the need for such grouping; no privacy for toilet and bathing facilities in all four Medicaid buildings; and bathtubs not equipped for use by handicapped residents in Curley, Eliot, and Morss cottages.

The Forest Haven plan of correction stated that the facility had requested a variance from the four bed-per-room requirement and that documentation would be submitted detailing the financial hardship structural renovations would cause.

The plan further stated that the acting superintendent had directed that resident records be documented to support the need to place more than four residents in a room. The plan stated that some of the toilet and bathing facility deficiencies had been corrected and others were being corrected.

Problems in dispensing
and administering medication

The Office of State Agency Affairs' inspection during February and March 1978 noted several problems with the manner in which medication is dispensed from the pharmacy and administered to the residents. The inspector reported that the "floor stock" distribution system--dispensing a bottle of medication to a unit for weekly medication needs for several patients--is the customary method of dispensing medication at Forest Haven. An Environmental Health Administration representative said this system does not meet Medicaid standards because the pharmacist does not fill an individual prescription directly from the physician's drug treatment order.

The report also stated that unlicensed personnel were allowed to administer medications. Additionally, the inspectors' review of 44 residents' records disclosed that the records were not properly and promptly signed by nursing personnel, and in 30 instances drugs were not administered in accordance with physicians' orders. For example, drugs were administered twice a day to a resident rather than three times, as ordered; and a resident's medication was stopped after 3 days even though the order specified administering the medication for 7 days.

The planned conversion to a unit-dose system may alleviate some of the problems in distributing and administering medication. DHR, in commenting on a draft of this report in February 1979, stated that orders have been placed for pharmaceutical equipment needed to implement the unit-dose system. Renovations for relocation of the pharmacy into larger quarters are scheduled to start in April 1979 and be completed by December 1979. DHR also told us that it has taken steps to ensure that licensed personnel are scheduled to administer medication. Further, DHR planned to contract for licensed practical nurse services which, according to DHR, will alleviate any problems in dispensing medication.

Quality of care assessments

A private, nonprofit organization which is the designated professional standards review organization (PSRO) for the District of Columbia is performing quality-of-care assessments for Medicaid Services Division residents. The assessments are required for services for which payment is made under the Social Security Act. This assessment is the first time a PSRO has visited Forest Haven because of a jurisdictional dispute over whether the District of Columbia or Maryland PSRO was responsible for the facility. After the initial review of each Medicaid resident's record, the PSRO will make periodic followup for all Medicaid residents.

INEQUITIES IN CARE AVAILABLE TO
RESIDENTIAL SERVICES DIVISION RESIDENTS

According to Forest Haven officials all of the Forest Haven residents qualify, from a medical standpoint, 1/ for Medicaid coverage. However, people assigned to the Residential Services Division are denied Medicaid coverage and associated benefits because they live in buildings which do not conform to Medicaid standards.

The portion of Forest Haven serving the Medicaid Services Division is required to be inspected annually to insure it meets minimum standards. In addition, an independent organization conducts quality-of-care evaluations, an internal interdisciplinary team assesses the residents, and currently 333 of the Medicaid residents receive small Supplemental Security Income benefits.

Facility deficiencies

To qualify all residents for Medicaid coverage, Forest Haven would be required to substantially renovate the Residential Services Division buildings to comply with minimum Medicaid standards. The acting superintendent said that the conflicting goals of improving facilities at Forest Haven and developing a community placement program creates an untenable position for management.

The environmental health officer at Forest Haven made a preliminary inspection in February 1978 of representative

1/A few residents may be ineligible because their personal resources exceed Medicaid limits.

Residential Services Division buildings to determine capital improvements necessary to comply with Medicaid standards. The health officer grouped the buildings according to design similarities and inspected one unit from each group. Group I included five buildings; groups II and III, three buildings each; and groups IV and V, 1/ one building each. The inspection report identified the following necessary capital improvements for the buildings as grouped. It was estimated that these improvements would cost about \$6 million.

Improvements Needed To
Comply with Medicaid Standards

	Groups				
	<u>I</u>	<u>II</u>	<u>III</u>	<u>IV</u>	<u>V</u>
Construct fire-resistant doors	X	X	X		X
Renovate bathrooms to allow privacy and use by the physically handicapped	X	X	X		
Construct dormitory rooms to accommodate not more than four residents	X	X	X		
Provide structural changes for access by the physically handicapped	X	X	X	X	
Install handrails in stairways			X		X
Replace wall air-ducts or provide fire dampers throughout wall ducts system		X			
Renovate kitchen					X

Absence of inspections

A major difference between the Medicaid and Residential Services Divisions is the number and variety of inspections the divisions receive. Inspections undoubtedly place extra burdens on staff and administration, but the potential improvements through identification and correction of problems

1/The original analysis grouped two dissimilar buildings in Group IV and discussed improvements needed for each building. We expanded the original Group IV into Groups IV and V for clarity.

offset inconveniences associated with the reviews. The absence of inspections may allow unacceptable conditions or practices to continue.

DHR's Office of State Agency Affairs, which performs inspections of the Medicaid Services Division, does not inspect the Residential Services Division because the clients are not covered by Medicaid. Representatives of the Housing Inspection Branch, Department of Housing and Community Development, and the Department of Licensing, Investigations and Inspections, said their organizations do not inspect Forest Haven since it is a government facility. The Housing Inspection Branch would make inspections if Forest Haven were privately owned. The Department of Licensing, Investigations and Inspections representative said DHR or the Department of General Services should inspect Forest Haven.

Staffing shortages

Staffing shortages remain one of the most critical problems of the Residential Services Division. The existing staff level is inadequate to perform assessments and active programming required by the court order and necessary to help the residents develop to their full potential. The former acting chief, Residential Services Division, reported that existing staff allocations were barely adequate to provide custodial care.

Residential Services Division staffing requirements for fiscal years 1979 and 1980 were analyzed by the former acting chief in accordance with applicable Joint Commission on Accreditation of Hospitals' standards, and it was determined that the division needed an additional 122 positions to comply with the standards.

The division staffing needs were summarized as follows:

<u>Title</u>	<u>Grade</u>	<u>Number</u>
Assistant unit chiefs	GS-9	8
Institutional counselors	GS-7	24
Institutional counselors	GS-6	25
Mental health technicians	GS-5	23
Licensed practical nurses	GS-5	<u>42</u>
Total		<u>122</u>

Residential Services Division budget justification statements for fiscal years 1979 and 1980 discussed the need for additional personnel. The fiscal year 1979 budget justification states that the Residential Services Division will require a readiness team, consisting of 23 mental health technicians to prepare 90 residents for transfer to the community. As noted on page 2 of this enclosure, Forest Haven must transfer a minimum of 90 residents to the community by the end of fiscal year 1979 and an additional 110 residents during fiscal year 1980 to comply with requirements of the June 1978 court order. The division's fiscal year 1980 budget justification requests an additional 99 positions which, together with the 23 additional positions requested in fiscal year 1979, would bring the division into compliance with Joint Commission standards. The Council of the District of Columbia approved the 99 positions for 1 year only. We believe these positions may be difficult to fill because of the recruiting problems discussed on page 6 of this enclosure and because of the temporary nature of the positions.

Personal living allowances

People living in public facilities, such as Forest Haven, that provide food, shelter, and treatment or services, can receive up to \$25 a month in Supplemental Security Income (SSI) payments as a personal living allowance if their care is covered under Medicaid. Only clients in the Medicaid Services Division are covered by Medicaid and therefore are eligible ^{1/} for SSI payments because the Social Security Act prohibits paying the SSI personal living allowance to persons in public institutions unless their care is reimbursed by Medicaid. This situation increases the inequity between Medicaid and Residential Services Division residents.

Inadequate assessments and treatment records

Many of the residents in the Residential Services Division have not received assessments to determine their treatment needs, and the treatment records we reviewed of residents in that division were not as well documented and as comprehensive as those in the Medicaid Services Division.

The absence of Medicaid inspections and quality-of-care assessments, in addition to staff shortages, may explain the

^{1/}Eligible for payments provided their personal resources do not exceed established limits.

differences in resident assessments and records between Medicaid and non-Medicaid residents. All Medicaid Services Division residents have been assessed at least once by an interdisciplinary team. The Medicaid Division records we reviewed were generally well documented and contained comprehensive summaries and treatment plans. However, only a small percentage of Residential Services Division clients have received interdisciplinary team assessments. According to the former acting chief of the Residential Services Division, only 99 of 512 residents had been assessed as of August 30, 1978. DHR advised us in February 1979 that the number of completed assessments had increased to 176 and the number of residents assigned to the Division had been reduced to 452.

We randomly selected 37 clients' records in seven Residential Services Division cottages. A few records contained adequate information including interdisciplinary assessments. However, a larger number were deficient in medical history, prognosis, client background, or classification. For example, three records did not contain the residents' ages. Five records classified residents as "imbeciles"--a classification which was discontinued in the early 1960s. Mental retardation is currently expressed in degrees, including "mild," "moderate," "severe," and "profound." Eleven records did not contain a treatment plan, and 2 others had inadequate plans. Five other resident records had very limited information, including one which had no entries since 1976. In general, the Residential Services Division records reviewed were inadequate and are likely to remain in that condition until staffing levels are increased and quality-of-care reviews, such as those provided the Medicaid Services Division residents by the PSRO, are made.

DEFICIENCIES AFFECTING
ENTIRE FACILITY

Upgrading and renovating
physical plant

Many of the problems in Residential and Medicaid Services Division buildings would be corrected by approved or pending projects. The facility manager provided the following list of approved major maintenance/repair projects for Forest Haven.

Renovating bathrooms	Magnolia and Maple cottages	\$165,000
Complying with life safety code	All cottages	700,000
Renovating electric service	Curley cottage	33,000
Repairing heating system	Entire facility	643,000
Installing sump pumps	Various locations	70,000
Replacing heating pipes	Administration building	126,000
Renovating laundry	Laundry	643,000
Installing security screens	Seven cottages	478,000

DHR, in commenting on a draft of this report, provided estimated completion dates varying from July to December 1979 for these projects.

Permanent improvement projects submitted to DHR but not approved as of completion of our fieldwork included:

- Renovating storage and hot water return tanks and boiler tubes for the heating system.
- Replacing refractory in the powerplant.
- Repairing/replacing hot water equipment in the mechanical rooms.
- Constructing two parking lots.
- Paving turnaround and loading area for the laundry.
- Replacing hot water lines for Hemlock cottage.

DHR advised us in February 1979 that replacement of the refractory in the powerplant was approved and that the fiscal year 1980 budget request includes funds for the other projects.

Two major projects are underway at Forest Haven. The food service building is being renovated and a new physical therapy building is under construction. Both projects are far behind schedule. Completion of the food service project has slipped from November 1977 to November 1979. The physical therapy building was originally scheduled to be completed during the fall of 1978. However, as of September 30, 1978,

the building was still not under roof and is now scheduled to be completed by January 1980.

Environmental health problems

Forest Haven has had a history of substandard environmental conditions. Improvements are being made, such as the appointment of an environmental health officer and training for food service workers. However, Environmental Health Administration and Fire Department inspections continue to identify substandard conditions.

An Environmental Health Administration representative said that the Administration has no regulatory enforcement authority over Forest Haven since it is a government facility and therefore is not licensed. As a result, the Environmental Health Administration does not have the authority to close Forest Haven for failure to comply with standards. According to the representative, the Administration would have acted quickly to force Forest Haven to comply with standards if it were privately owned. He added that it probably would have closed the food service operation because of the high number of demerits recorded on earlier inspections. On a positive note, recent food service inspections have improved with a passing score achieved in July 1978 and a 95-percent rating in September 1978. A score of 85 is passing.

In January 1977, the Environmental Health Administration made an investigation to determine if substandard environmental factors contributed to a parasitic infection outbreak at Forest Haven. Although such a problem is not unprecedented in facilities housing the mentally retarded, it remains a concern. The inspector noted several problems, including lack of soap and disposable towels in bathrooms, residents playing in toilets, and improper handling of soiled diapers.

In December 1977 a Department of Health, Education, and Welfare epidemic intelligence officer prepared an interim report on the parasitic disease problem at Forest Haven. He reported the following substandard conditions existing in two Medicaid Services Division buildings and two Residential Services Division buildings:

--Evidence of rodents and cockroaches.

--Soil accumulation on floors and windows.

- Unscreened open windows.
- Defective shower heads and broken handwashing fixtures.
- Absence of hot water, soap, and towels for proper handwashing.
- Defective plumbing.
- Substandard laundry processing and soiled article handling.
- Inadequate housekeeping procedures.
- Deficient food service operations.
- Poor solid waste management.
- Overcrowded dormitories.
- Safety hazards throughout the buildings.

An October 1978 Environmental Health Administration report stated that the overall level of environmental sanitation was substandard as evidenced by blood and feces stains on walls, ceilings, bathtubs, and beds. Shower stalls had mold growth, and soil accumulations were evident on walls and floors.

Many cottages were affected by plumbing problems, including leaking pipes, toilets, and water fountains and inoperative toilets and bathtubs due to clogged pipes. Furthermore, dishwashing machines in 11 cottages were connected directly to the sewer which creates opportunities for spread of infectious diseases when backups occur.

Laundry operations were found to be deficient due to the absence of a physical barrier to separate soiled linen from clean linen operations. The report also cited operational problems in the laundry, including nonoperating exhaust fans and not identifying laundry from residents isolated for health reasons.

The Forest Haven laundry is scheduled for renovation in January 1979. The renovation should correct many of these problems.

The inspection report also stated that fire safety is substandard due to limited egress from second floors of dormitories, fire exits blocked with furniture, overcrowded dormitories, and insufficient staff during late evening hours to assist residents if evacuation becomes necessary.

In commenting on a draft of this report in February 1979, DHR stated that most of the deficiencies cited in the Environmental Health Administration report have been corrected. Furthermore, DHR questioned whether the cited parasitic infection was actually an outbreak. DHR added that the October 1978 report paraphrased earlier reports and that there was no comprehensive reinspection with new findings.

Our concern with the parasitic infection "outbreak" was that the environmental deficiencies, which may have contributed to the infection, be corrected to the extent practicable. Our review of the inspection reports and discussions with the inspector indicate that the October 1978 report not only summarized previous findings, but also contained deficiencies identified in a June 1978 inspection.

Fire Department inspections

Two different fire inspectors have been responsible for Forest Haven. One accompanies the Office of State Agency Affairs team performing the Medicaid review. Another inspector is responsible for the entire Children's Center. The most recent fire inspection, made in May 1977, identified numerous deficiencies in 24 buildings inspected, including both Medicaid and Residential Services Division buildings as summarized below:

	<u>Number of buildings cited</u>
Missing or inoperative fire extinguishers	6
Missing or inoperative fire alarm systems	6
Fire exit blocked or locked	3
Improper storage of flammables	8
Poor housekeeping	9
Improper use of extension cords	8
Exposed electrical wiring	2
Equipment not properly wired	3
Electrical outlet cover missing	9
Exit sign missing or not illuminated	15

As of October 6, 1978, the Fire Department had neither received a report on correction of the deficiencies from Forest Haven, nor made an overall inspection of Forest Haven since May 1977. A District of Columbia Fire Department spokesman said they try to inspect Forest Haven at least annually. As of September 19, 1978, no date had been established for the next inspection.

DHR advised us in February 1979 that problems have been corrected in connection with fire extinguishers, fire exits, use of extension cords, exposed wiring, improperly wired equipment, missing electrical outlet covers, and exit signs. Deficiencies relating to storage of flammables and housekeeping are being corrected. Funds have been requested to correct fire alarm deficiencies.

ADMINISTRATIVE AND MANAGEMENT PROBLEMS

We identified a number of administrative and management problems at Forest Haven, including delays encountered in processing purchase orders, employees working large amounts of overtime, the absence of an effective preventive maintenance program, insufficient power supplies, and reduced educational and vocational opportunities caused by inadequate transportation services.

Procurement problems

Forest Haven's purchase requisitions must pass through several other organizations before a purchase order is issued. The process often takes several months. The requisitions are submitted to the Mental Health Administration for approval, the DHR central warehouse for a voucher number, the DHR Controller's office to certify fund availability, and the DHR Procurement Office to process the purchase order. Our analysis of 118 purchase requisitions outstanding as of August 1978 showed that 8 had been outstanding for 13 months, 5 for 12 months, and 34 for 6 to 11 months. Therefore, 47, or about 40 percent, of the 118 requisitions had been outstanding at least 6 months without being processed into purchase orders.

Slow processing of purchase orders is not the only procurement problem. For example, one of the Medicaid Services Division cottages received 50 new beds for the residents. However, mattresses were not ordered until after the beds

arrived due to an oversight. In the meantime the beds were stored in the hallways for at least 4 months, presenting a safety hazard.

On September 30, 1977, Forest Haven ordered 305 window-unit air conditioners costing about \$72,000. However, only 44 were installed in Forest Haven buildings or support activities. Of the remainder, 208 were stored, 49 were loaned to other organizations, such as the Rehabilitation Center for Alcoholics, and 4 were reported stolen.

Not all of the units were installed (1) because the maintenance support staff did not have sufficient personnel to make the installations and (2) more importantly, because the facility has insufficient power to handle the increased demand. A Facility Management and Operations Division spokesman said the division objected to the air-conditioning purchase because of the inadequate power supply. Furthermore, the facility manager at Forest Haven said there will not be enough power to operate the physical therapy building when it is completed. DHR told us that plans have been completed for an expanded power supply for Forest Haven and the adjacent Job Corps center. The project is expected to be completed by May 1979.

Forest Haven personnel determined that one of the stolen air-conditioning units was missing in February 1978. They filed a report of property stolen but did not notify the police, nor did they file an unusual incident report with the DHR Office of Inspection as required. Office of Inspection personnel said they learned of the theft in July 1978 and made a physical inventory which identified three additional losses. Forest Haven subsequently moved the units from their storage location in a vacant residential building to a secure warehouse.

Extensive overtime cost
should be curtailed

Forest Haven relies heavily on overtime work to fulfill staffing requirements. Overtime payments totaled \$900,783 during fiscal year 1977 which equaled 8.7 percent of total payroll costs for the year. 1/ Judicious use of personnel

1/We were subsequently advised that overtime costs for fiscal year 1978 totaled approximately \$1,245,000, or about 10 percent of total compensation costs for the year.

positions and improved controls could have precluded some of the overtime payments.

Forest Haven's Office of Administrative Services compiles a biweekly list of employees who charge more than 32 hours overtime during that 2-week period. During the 18-week period ended July 15, 1978, 110 Forest Haven employees reported more than 32 hours overtime during at least one of the nine pay periods. Four of the 110 employees were included on all nine lists, 23 appeared five to eight times, 40 were listed two to four times, and 43 were included once. In total, the 110 employees reported 14,557 overtime hours during the period sampled. One employee accumulated 790 overtime hours during seven pay periods--an average of more than 57 hours a week. This employee was on duty the equivalent of more than a double shift for a 5-day week. Any employee included on one of the overtime lists charged the equivalent of at least 4 extra workdays for the 2-week period.

Supervisory personnel at Forest Haven acknowledged abuses of overtime and said that employees sometimes arrange for one to take leave so another person can work overtime, or employees may take leave from their normal duty station and work overtime in a different location. Because of the substantial effort that would be required, we did not attempt to substantiate those allegations. However, we did obtain documentation about an employee's apparent falsification of time and leave records of another employee. Although this case involved failure to report absence-without-leave on the employee's time and attendance report, it could also apply to certification of overtime.

We recognize that situations will arise when use of overtime is needed and may be more effective in fulfilling personnel requirements than other methods. However, we believe that when overtime work is of a continuous, routine nature, hiring additional full- or part-time employees may be more cost effective. We also recognize that problems have been encountered in hiring staff to work at Forest Haven, but because of the potential cost savings, the efforts should be continued.

The Forest Haven Administrative Officer said people in grades GS-5 through GS-7 work most of the overtime hours. To measure the impact of overtime use on staffing, we estimated the number of additional full-time employees that might have been hired if the \$900,783 used to pay overtime in fiscal year

1977 had been used to support additional positions. Our calculations were made using step five of each grade and included a cost factor for the Government contribution for employee benefits (life insurance, health insurance, and retirement). During fiscal year 1977, Forest Haven could have employed about 77 additional GS-5 employees, 69 additional GS-6 employees, or 62 additional GS-7 employees with the funds used to pay overtime charges.

The acting superintendent issued a policy directive on August 31, 1978, on the use of overtime. The directive continued the existing requirement for prior approval of overtime and administrative officer approval of overtime exceeding 32 hours per pay period. The new requirements include projecting overtime requirements, denying overtime to employees accruing 16 hours of unplanned leave in the prior period, and denying overtime while employees are in leave status. A committee was designated to study the overtime situation and develop a policy statement.

Inadequate maintenance
support services

Forest Haven is one of three facilities receiving maintenance support from the Facility Management and Operations Division located at the Children's Center. The division is responsible for preventive maintenance, emergency repairs, painting, plastering, switchboard operations, power generation, laundry services, and groundskeeping for the 80 buildings and 1,100 acres of land.

The facility manager said that his current staff allocation is sufficient to perform only emergency repairs and little preventive maintenance. He added that the direct maintenance staff has been gradually reduced from 86 to 39, yet the number of buildings to be maintained has only decreased from 102 to 80 and the land area has remained constant.

The facility manager estimated that there are 500 unfilled maintenance requests outstanding for Forest Haven. To illustrate his problems with maintaining equipment, the facility manager said one employee is responsible for oiling electric motors and replacing worn belts. However, due to the large number of electric motors at the Children's Center, the employee cannot lubricate the motors as often as needed. As a result, many motors have to be replaced.

Our visits to Forest Haven confirmed the existence of maintenance problems. We noticed peeling paint, leaking air-conditioning units, malfunctioning toilets, poorly fitted doors, and tall grass around buildings. Similar problems were noted in the inspection reports discussed on pages 20 to 23.

Slow resolution of
staff disciplinary actions

The Mental Health Administration is responsible for processing proposed disciplinary actions for Forest Haven employees. The Administration has not always expeditiously processed actions forwarded by Forest Haven. In several cases over 4 months elapsed between the date of the acting superintendent's letter to the employee explaining that a disciplinary action was being proposed and the date of final Mental Health Administration action.

The DHR Employee Relations Branch advised the Mental Health Administration in June 1978 that the Department is compelled to expeditiously process adverse actions or allow the employee to conclude DHR has abandoned its proposal. The Administration was also advised that "The redress of a wrongful act cannot be delayed if it is to serve the purpose of a disciplinary measure." In addition, the Employee Relations Branch advised the Administration that failure to render a final decision on proposed adverse actions could prejudice future actions for failure to administer discipline to employees on an equal and timely basis.

Transportation services
need improvement

The remote location of Forest Haven and the limited mental and physical capability of the residents make adequate, dependable transportation an important element of support services. The Chief, Office of Program Development, at Forest Haven stated that the facility depends greatly on transportation to fully provide educational and vocational programs for school aged residents and to facilitate community placements required by the recent court order.

The limited number and capacity of vehicles equipped to carry wheelchairs reduces educational opportunities for some residents. An education specialist at Forest Haven reported that only four of six wheelchair-bound residents accepted to

attend Sharpe Health School in the District's northwest section could actually attend, because available transportation services could only accommodate four wheelchairs. Therefore, two residents are denied the benefit of more appropriate services in a less restrictive environment.

The Medicaid inspection report, discussed on page 12, also noted that consistent transportation support services are necessary to "* * * efficiently meet the needs of and contribute to program services for residents and to facilitate attainment of the goals and objectives of the facility." The report stated that residents of three Medicaid buildings missed appointments and scheduled events, including hospital, clinical, and dental visits and school and recreational activities. As an example, there were 32 missed appointments by residents of Eliot cottage during the 3-month period ended December 1977.

CONCLUSIONS AND RECOMMENDATIONS

The management, staff, and residents of Forest Haven are confronted by a dilemma concerning the future. The recent court order is leading to deinstitutionalization of many residents and possible closure of the facility. Medicaid regulations require renovation of existing facilities to achieve certification. The two requirements--deinstitutionalization and renovation--are consistent since they both seek quality care for the residents. However, the court order involves spending money, developing services, and assigning staff in the community. The Medicaid regulations are directed to the facilities and services at Forest Haven.

Forest Haven's acting superintendent said the conflicting demands upon the limited resources available place management in an untenable position. We agree. Directing a large amount of resources to the community program could result in a degradation of services at Forest Haven and ultimately in losing Medicaid certification. On the other hand, a major effort to achieve Medicaid certification for all facilities at Forest Haven would drain resources from the community program and could instigate a contempt of court citation.

✓ The District of Columbia government needs to develop a plan for Forest Haven's future, in addition to the specific plans required by the U.S. District Court. This would include (1) developing a course of action for correcting deficiencies at Forest Haven while placing residents in the

community and (2) considering alternative uses of unneeded facilities.

The Council of the District of Columbia has passed the Mentally Retarded Citizens Constitutional Rights and Dignity Act of 1978 to protect the rights of mentally retarded persons. The bill would establish a policy of normalization which emphasizes community-based programs and reduced use of institutions. Furthermore, the bill would direct community placement whenever possible for people living in institutions. These plans are consistent with the court mandate to increase community placements.

The movement of residents from Forest Haven to the community is increasing. Forest Haven personnel said that, in response to the court mandate that 30 residents be returned to the community during fiscal year 1978, 32 were actually placed. As more residents make the transition from institutional to community life, vacancies will occur at Forest Haven, thus reducing occupancy to the level where residents not ready for community life could be relocated on the grounds, and the vacated buildings could be closed. Reducing the number of active buildings could also benefit Forest Haven operations by limiting the scope of maintenance requirements and staffing demands.

Recommendations to the Mayor of the District of Columbia

We recommend that the Mayor of the District of Columbia require that a comprehensive plan be developed which would include those issues not covered in the plans required by the U.S. District Court. The plan should include a determination of maintenance and capital improvement requirements of Forest Haven facilities and consideration of alternative uses of unneeded facilities.

We also recommend that the Mayor insure that actions are taken to

- fill key management positions at Forest Haven with full-time employees;
- improve procurement support services;
- analyze staffing requirements to determine the amount of overtime work and alternative methods, such as

hiring part-time employees, which best serve Forest Haven's needs;

- resolve proposed staff disciplinary actions in a more timely manner;
- improve transportation capabilities to allow residents to fully benefit from educational and vocational experiences; and
- insure that appropriate regulatory agencies make periodic inspections of all Forest Haven facilities, including community residences, regardless of its status as a government-owned facility.

To the extent that funds can be made available, and in accordance with developed plans, we recommend that the Mayor

- correct instances of noncompliance with Medicaid deficiencies in the Medicaid Services Division buildings,
- increase maintenance staff to provide for an effective preventive maintenance program, and
- correct environmental health and safety problems throughout the facility.

We are not making recommendations concerning capital improvements for Residential Services Division buildings because decisions incorporated within the comprehensive plan for Forest Haven should determine the need for and extent of such improvements.

AGENCY COMMENTS

DHR commented on a draft of this report and advised us that the plans required by the U.S. District Court are being developed by the developmental disabilities professional. These plans, scheduled for completion in April 1979, will discuss the future of Forest Haven. Our review of the court order and discussion with the developmental disabilities professional indicate that, while the plans being developed do address many of the issues, they do not address all the issues relevant to assuring that the actions taken to comply with the court order and Medicaid and other applicable requirements are done in the most orderly, efficient, and cost effective

manner. We therefore believe that our recommendation is still appropriate.

DHR advised us in response to our other recommendations that:

- All key management positions at Forest Haven have now been filled except one, and candidates for the position are now being considered.
- The DHR executive officer has been assigned to reexamine the procurement system and make recommendations to the Director of DHR.
- Overtime in all units is carefully monitored and cases of leave abuse are dealt with promptly. The use of part-time people will be explored.
- The Director of DHR will require that prompt, impartial decisions on disciplinary actions be rendered in a timely manner.
- Funds have been made available to purchase two wheelchair vehicles and four additional buses have been ordered.
- Forest Haven welcomes and desires periodic inspections of all areas which are relevant to the health and safety of residents.
- All Medicaid deficiencies have been or are being addressed.
- An additional 35 positions would be required to provide the level of maintenance required at Forest Haven. This will be addressed in future budgets or budget supplements.
- Environmental health deficiencies have been corrected. However, there have been no reinspections to clear the record. (See pp. 32 to 42.)

Although DHR indicated that Forest Haven welcomes and desires periodic inspections relevant to the health and safety of its residents, our recommendation would have to be carried out by other components of the District of Columbia government, such as the Environmental Health Administration and the Fire Department.



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN RESOURCES
WASHINGTON, D.C. 20001

IN REPLY REFER TO:

FEB 9 1979

Mr. Allen R. Voss
Director
General Government Division
United States General Accounting Office
Washington, D.C. 20548

Dear Mr. Voss:

I have reviewed the draft report on the review of the use of additional resources at Forest Haven in fiscal year 1977, and wish to comment on some of the problems which have been resolved or improved since the audit.

Progress in Filling Authorized Personnel Positions

The Personnel and Training Division and Forest Haven are finalizing a specialized recruitment plan to hire personnel in hard to fill job categories. This plan should help to expedite the recruitment and staffing process.

The following schedule reflects the current status of vacant and filled positions:

FOREST HAVEN POSITIONS
(DECEMBER 1978)

<u>CATEGORY</u>	<u>AUTHORIZED POSITIONS</u>	<u>FILLED POSITIONS</u>	<u>VACANT POSITIONS</u>
NON-EXEMPT			
FY-77 BASE	504	467	37
FY-77 INCREASE	17	16	1
8-YEAR PLAN	52	42	10
<u>SUBTOTAL</u>	573	525	48

FOREST HAVEN POSITIONS
(DECEMBER 1978)

<u>CATEGORY</u>	<u>AUTHORIZED POSITIONS</u>	<u>FILLED POSITIONS</u>	<u>VACANT POSITIONS</u>
EXEMPT			
TRANSITIONAL QUARTER INCREASE	20	18	2
FY-77 INCREASE	287	248	39
FY-78 INCREASE (COMMUNITY SERVICES DIVISION)	16	5	11
<u>SUBTOTAL</u>	323	271	52
<u>TOTAL</u>	896	796	100

Problems with Kennedy Institute Contract

The contract with Kennedy Institute has played a vital role in program development and implementation at Forest Haven. The accomplishment of Interdisciplinary Assessments and Plans of Care for residents would have been impossible without the essential technical assistance provided by the contract. In summary, the above mentioned contract makes provisions for a variety of consultative and habilitative services from physicians and specialists with expertise in developmental disabilities. As an example, an expert physical therapist was provided to assess the needs of over 182 residents for wheelchairs, walkers, braces and other services. This resource was particularly important because of Forest Haven's great difficulty in recruiting a staff physical therapist.

Developmental pediatricians being trained at the John F. Kennedy Institute and having unique skills have provided expertise in diagnosis, program development and staff training. Neurological consultation has been provided to a large number of epileptic residents. Behavioral programming has been provided through training of staff in the Residential Services Division. This includes a variety of self-care skills. Consultation has been received in the area of human rights, and many hours of training have been provided or will be provided all staff through this contract.

Since the time of the audit, all contractor personnel have been removed from managerial positions. When they were made assistants to the newly appointed acting managers, it was because of the professional expertise for which they were originally hired under the contract. The scope of the contract has been reduced to where only the physicians services, behavioral programming, staff development, community program development, and the services of one dietitian remain. The number of positions, aside from the physicians, has been reduced to four (4). Not all of these are full time, as the behavioral programmer also provides services at the Kennedy Institute.

The contractor personnel who were hired as full-time employees at Forest Haven were hired in accordance with Civil Service regulations.

Facility Improvements Needed to Meet Medicaid Standards

The report indicates that Forest Haven has had problems in meeting Medicaid Standards regarding staffing, client records, and building facilities.

The above statement is generally true, however, it is not mentioned that the Medicaid Division has had three (3) surveys since June 20, 1977. In each instance, Forest Haven has been cited for its improved service delivery. Forest Haven's Plan of Correction for Deficiencies cited in surveys conducted in June 1977 and February 1978, were accepted and the certificate was granted. The Plan of Correction for Deficiencies cited during Forest Haven's survey in November 1978, is presently under review.

There have been significant accomplishments in all major surveyed areas, i.e., Administrative Policies and Practices, resident living, professional and special programs and service, records, safety and sanitation, and administrative support services. Since June 1977, approximately 625 assessments have been completed. Each resident has been assessed at least once and by Fall 1979, the second cycle will be completed. A new resident record system was put into operation during the Fall of 1978. This system is a part of Forest Haven's revised IDT Process which enhances a higher quality of program documentation.

The status of the corrections being made in Life Safety Code violations is as follows:

The Bureau of Design and Engineering in the Department of General Services completed the study and design phase of Project 23-1090-75, Correction of Life Safety Code Deficiencies in Medicaid cottages of Forest Haven on November 5, 1975. On March 15, 1976, \$342,000 was approved for correction of all deficiencies with a projected completion date of Fall 1978. The most recent report indicates that construction is to start in April 1979 and be completed in September 1979. Smoke detectors are being requested in the fiscal year 1980 budget for all Forest Haven cottages per D.C. Law 2-81, including those in the Residential Services Division.

Comments regarding Forest Haven's request for a variance from the four bed per room requirement are rather vague and stated in a manner which could be misleading.

The Department of Health, Education, and Welfare's Facility Regulation 245.13(b) (6) (i) (c), provides that survey agencies may grant a variance to the cited standard where it has made a determination that a physician or a psychologist has justified in the individual's Plan of Care that assignment to a bedroom of more than four (4) residents meets the individual resident's program needs and that the health or safety of the resident is not adversely affected. Forest Haven has followed the prescribed procedure for requesting a time limited variance to this standard. Appropriate documentation in each resident's record is required. The directive issued by the Acting Superintendent was intended to emphasize the importance for complying with Medicaid standards. Forest Haven has been informed that the above variance will be granted for the period requested.

The report states that a Department of Environmental Services representative said that increasing the number of residents per room can cause overcrowding, and thus raise the chances of disease spreading and increase the difficulty of evacuating residents in an emergency.

The advantages for requesting a variance to the number of residents per bedroom far outweigh the disadvantages. The Interpretive Guidelines for 45 CFR 249.13 cite the

following examples as justification for variance:

1. Residents in very fragile health and needing such life support services as posturing for clearing the airways, monitoring for frequent seizures, etc.
2. Residents requiring unique specialized habilitation programs, such as 24 hour/day special living units for the retarded, blind or deaf.

The residents in the Medicaid Services Division clearly meet the above requirement prescribed by the Department of Health, Education, and Welfare.

Problems in Dispensing and Administering Medication

The Pharmacy is to be relocated in new and larger quarters, whereby the Unit-Dose System of drug distribution will be implemented. This method of drug distribution will facilitate the maintenance of individual records of all medication dispensed by the department. However, before relocating, extensive renovation must be done. Plans have been formulated and orders have been placed for all necessary pharmaceutical equipment required to implement the Unit-Dose System. Renovations for relocation of the Pharmacy will start in April 1979 and should be completed by December 1979.

The statement is made that unlicensed personnel were allowed to administer medications. This has been responded to in Forest Haven's Plan of Correction for the Medicaid Survey conducted in November 1978. Licensed Practical Nurses are scheduled to administer medication. Direct care staff who have completed a state approved, 90 Hour Medication Course are used infrequently to cover the night shift in times of emergency in the Medicaid Services Division. Licensed Practical Nurses were utilized to cover all but 22 of the 150 tours of duty during the survey period.

A contract for Licensed Practical Nurses is being processed and should be operational by mid-February 1979. This will alleviate any problems in dispensing medication in the Medicaid Services Division and provide licensed personnel to dispense the medications in the Residential Services Division, where none existed at the time of this audit.

All residents' medication records cited for deficiencies in the Medicaid Services Division were corrected as of November 30, 1978. Whenever nurses have been on extended leave, this has created critical medication coverage problems. A more comprehensive monitoring system and backup coverage schedule has been implemented to address this problem in the future and, again, the newly obtained Licensed Practical Nurses through a contract will assure that the problems will not recur.

A clinical pharmacist has been obtained on a two year detail from the Department of Health, Education, and Welfare. He is attending IDT meetings and is systematically reviewing all regimens of psychotropic and anticonvulsant drug prescriptions.

Upgrading and Renovation of Physical Plant

The status of the approved major/maintenance repair projects for Forest Haven is as follows:

Renovation of bathrooms, which includes Magnolia, Maple and Oak cottages, will be completed in December 1979.

Compliance with Life Safety Codes, which includes all Medicaid cottages, will be completed in November 1979.

Renovation of the electric service at Curley cottage will be completed in July 1979.

Repair of the heating system for the entire facility will be completed by November 1979.

Installation of sump pumps in various locations will be completed by November 1979.

Replacement of heating pipes in the Administration Building will be completed by November 1979.

Renovation of the Laundry will be completed in December 1979.

Installation of security screens will be completed in August 1979.

The replacement of the refractory in the power plant was approved in the fiscal year 1979 budget request.

The fiscal year 1980 budget request includes funding for the following:

Renovation of storage and hot water return tanks and boiler tubes for the heating system.

Repair/replacement of hot water equipment in the mechanical rooms.

Construction of two (2) parking lots.

Pavement of turnaround and loading area for the Laundry.

Replacement of hot water lines for Hemlock cottage.

The food service project should be completed by November 1979.

The Physical Therapy building should be completed by January 1980.

Plans have been developed to update the electrical services for the entire Children's Center complex. Phase I will include the expanded power supply for Forest Haven and the Job Corps Center by May 1979. Phase II will include the expanded power supply for Oak Hill and Cedar Knoll.

Environmental Health Problems

We have corrected most of those deficiencies cited in the Department of Environmental Services' report.

Comments regarding a parasitic infection outbreak are exaggerated and overstated. Forest Haven, on a routine stool evaluation, found cyst stage amoeba in a patient's stool. Public Health consultation was obtained. A survey for amoebiasis and other intestinal parasites was conducted during the year 1976-1977. The survey was completed and the report was forwarded at the end of 1977 to the Superintendent. There was never any active amoeba infection at Forest Haven. However, cyst stage amoeba (carrier state) was found and all positive cases were treated. Follow-up stool analysis was performed after

treatment was completed. Three (3) negative stool examinations one week apart were obtained. The reports reviewed by the auditor could well have given the impression that there was an outbreak. Such was certainly not the case. The incidence of parasitic infection at Forest Haven has never been beyond expectation for any similar facility. Unfortunately, an October 1978 Environmental Services report paraphrased the earlier reports. There was no comprehensive reinspection with new findings.

The dishwashing machines which were originally connected directly to the sewer lines in eleven (11) units have been properly reconnected. This was done in October 1978, prior to the completion of the General Accounting Office audit.

The central kitchen has been completely renovated and all new equipment has been obtained.

With the exception of Life Safety Code violations cited by the most recent Medicaid Survey team report, Forest Haven has had no official reinspection which is known to the Superintendent or involved the Forest Haven Environmental Health Officer within the last year. Previously noted violations have been corrected, but no reinspection has cleared the record. Forest Haven welcomes and desires periodic inspections of all areas which are relevant to the health and safety of residents.

Fire Department Inspections

The status of the deficiencies in both Medicaid and Residential Services Divisions is as follows:

Missing or inoperative fire extinguishers have been replaced.

Missing or inoperative fire alarms have been requested in the permanent improvement plan.

Fire exit blocked or locked has been corrected.

Improper storage of flammables is being corrected.

Poor housekeeping deficiencies are being corrected.

Improper use of extension cords has been corrected.

Exposed electrical wiring has been corrected.

Equipment not properly wired has been corrected.

Electrical outlet cover missing has been corrected.

Non-illuminated exit signs have been repaired.

Procurement Problems

Fifty (50) beds cited as being stored in the hallway of Eliot were placed in that area until storage space could be identified. The above beds were moved by Administrative Services in November 1978. Also, mattresses have been ordered.

In spite of past problems regarding procurement, it should be noted new furniture, such as beds, cribs, night and utility tables, vanities, chairs, etc., have been ordered and received for residents.

Extensive Overtime Cost Should be Curtailed

Because of the poor staff to resident ratio, overtime is crucial for providing minimal safe coverage for our residents. Overtime in all Units is carefully monitored and cases of leave abuse are dealt with promptly.

The inefficiency of using overtime and the number of full-time positions for which these funds would pay has been noted. However, until additional permanent positions are authorized sufficiently to increase coverage on a 7 day, 24 hour basis, overtime must continue to assure that all present programs can be implemented.

We also share the concern that the 99 positions for direct care workers in the Residential Services Division were changed by the City Council to temporary positions. The reasoning was that, since Forest Haven may ultimately be closed, having temporary positions would alleviate the need, under the Pratt Decree, to find alternate employment for these individuals.

A recent factor impacting on the use of overtime is the need to provide staff to group homes in the community. Thirty-two (32) residents were placed in fiscal year 1978 with no budget for such a program. In fiscal year

1979 it is anticipated that a large proportion of the sixty (60) to be placed will be placed before requests for additional resources will be addressed. A budget supplement has been submitted.

Inadequate Maintenance Support Services

There are 500 unfilled maintenance requests outstanding in lieu of 2000 as cited by the report.

All domestic hot water is set at 107° which is lukewarm as a safety precaution.

Efforts have been made to correct some of the maintenance problems cited in the report. All Medicaid buildings have been painted, and all cottages are scheduled to be painted. Leaking air conditioning units are scheduled to be replaced in the Spring of 1979. Most of the poorly fitted exterior doors have been replaced.

Other Comments

The number of assessments in the Residential Services Division (which now has 452 residents) has increased from 99 at the time of the report to 176. Additional improvements in the Residential Services Division include the addition to staff of an occupational therapist, the selection of assistant unit chiefs, and the backfilling of 7 direct care positions. Lewald Hall has been put into operation of a residential unit providing considerable privacy and programming space. Renovations of Jones Hall and the development of a regrouping plan to alleviate a particularly overcrowded unit (Pine) will provide more compatible grouping, as will the closing of two units (Hemlock, Collier Hall) with particularly serious environmental problems.

Conclusion and Recommendations

It should be noted that a plan for the future of Forest Haven is being developed by the Developmental Disabilities Professional for presentation to the U.S. District Court under the Pratt Decree. This is scheduled for completion in April 1979.

Other Recommendations

1. The only key position now unfilled is the Chief, Residential Services Division. A register is now at Forest Haven.

2. The Executive Officer, Department of Human Resources, has been assigned to re-examine the procurement system and make recommendations to me.
3. Refer to previous statements on overtime. The use of part-time people will be explored.
4. I will require that prompt, impartial decisions on disciplinary actions be rendered in a timely manner.
5. Funds have been made available to purchase two (2) wheelchair vehicles and four (4) additional busses have been ordered.
6. Refer to section on Environmental Health Problems and Fire Inspections.
7. All Medicaid deficiencies have been or are being addressed.
8. It is estimated that thirty-five (35) additional positions would be required to provide the level of maintenance required at Forest Haven. This will be addressed in future budgets or budget supplements.
9. Refer to section on Environmental Health Problems.

Sincerely,

Albert P. Russo
Director